BROOKFIELD PARTNERS

Aneurysm Questionnaire

UNDERWRITING QUESTIONNAIRE

AGENT & CASE INFORMATION

AGENT NAME | PHONE | E-MAIL

PROPOSED INSURED

CLIENT NAME | DATE OF BIRTH | STATE

HEIGHT | WEIGHT | FACE AMOUNT

Sex: ☐ Male ☐ Female

Tobacco / Nicotine Use: ☐ Yes ☐ No

COVERAGE REQUESTED

Type of Insurance: ☐ Universal Life ☐ Whole Life ☐ Survivorship

☐ Term — number of years:

QUESTIONNAIRE

1. When was the proposed insured first diagnosed with an aneurysm?

2. What type of aneurysm was diagnosed?

☐ Aortic aneurysm ☐ Cerebral aneurysm ☐ Ventricular aneurysm

☐ Atrial aneurysm ☐ Cirsoid aneurysm

3. Size of the aneurysm: § cm

4. Has the aneurysm changed in size or location since the time it was first diagnosed? ☐ Yes ☐ No

5. Has the proposed insured experienced internal bleeding? ☐ Yes ☐ No

6. Does the proposed insured have a history of surgery? ☐ Yes ☐ No

7. Does the proposed insured have a family history of aneurysms? ☐ Yes ☐ No

8. How was the aneurysm treated?

9. Is the proposed insured current taking any medication(s)? ☐ Yes ☐ No

If yes, provide name, dosage and frequency of medication(s)